

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No. 241917US2DIV	
	First Inventor or Application Identifier	Junichi KITANO
	Title	SUBSTRATE PROCESSING APPARATUS AND SUBSTRATE PROCESSING METHOD

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS
2. <input checked="" type="checkbox"/> Specification Total Sheets <input type="text" value="146"/>	7. <input checked="" type="checkbox"/> Assignment Papers recorded at Reel 011639 and Frame 0111 on March 27, 2001
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets <input type="text" value="44"/>	8. <input checked="" type="checkbox"/> Application Data Sheet. (8pgs) See 37 CFR 1.76
4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages <input type="text" value="7"/>	9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
a. <input type="checkbox"/> Newly executed (original or copy)	10. <input type="checkbox"/> English Translation Document (if applicable)
b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)	11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 (1pg) <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).	12. <input checked="" type="checkbox"/> Preliminary Amendment
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
a. <input type="checkbox"/> Computer Readable Form (CRF)	15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27
b. Specification or Sequence Listing on :	16. <input checked="" type="checkbox"/> Other: Request for Priority
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	
ii. <input type="checkbox"/> Paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application no.: 09/772,923
 Prior application information: Examiner: Yewebdar T. Tadesse Group Art Unit: 1734

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

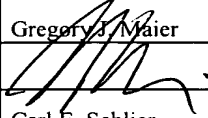
18. CORRESPONDENCE ADDRESS

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Docket No. 241917US-2DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Junichi KITANO, et al.

SERIAL NO: New Divisional Application

FILING DATE: Herewith

TITLE: SUBSTRATE PROCESSING APPARATUS AND SUBSTRATE PROCESSING METHOD

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	42 - 20 =	22	x \$18 =	\$396.00
INDEPENDENT CLAIMS	7 - 3 =	4	x \$84 =	\$336.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
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BASIC FEE				\$750.00
TOTAL OF ABOVE CALCULATIONS				\$1,482.00
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☒ The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment form is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

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